PR001 07-Jan-16

## **Preliminary Report of Accident**

U.S. Department of Labor Mine Safety and Health Administration

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1. Accident Type:	2. Accid	2. Accident Classification				3. Date/Time of Accident 4. Date/Time				5. Fatal Case No	
Fatal Injury	Powe	Powered Haulage			01/04/2016 12:56 AM 01/04/			01/04/20	16 12:56 AM	1	
6. Mine Information	 :				- Architecture - Arch						
a) Mining Company Name b) Mine Name					c) Parent of Mining Company						
Greenbrier Minerals, LLC			Lower War Eag	Coronado				Coal, LLC			
7. Mine Location : a) City			b) Cor	unty	c) State 8. Mine I			B. Mine ID Nu	D Number: 9. Union:		
Cyclone			Wyoming	WV 46			46-09	-09319			
10. Primary Mineral Mined:			Number of Mine Employees:	, ,	Underground	c) O	pen Pit/	Quarry	d) Mill/Prep Plan	nt e) Other 8	
				203	195	—т	13. Uni	on	14 Contr	actor ID Number:	
12. Contractor Name	:				,		15. UII	.on	14. Com	actor 15 Transcer	
15. Contractor Addr	ess:	a) City		b)	County			c) State	d)	Zip Code	
16 N + 6 C +	- stor Employana	: a) To	tol b) l	Underground	c) One	n Pit/Qu	arry	d) M	lill/Prep Plant	e) Other	
16. Number of Contr	actor Employees	: a) 10	iai b) (	Onderground	с, орс	11 10 Qu	,	<b>u</b> )		-,	
17. Number of Perso	ns in Mine at Tin	ne of Accident:			18. Number	of Persor	ıs Unacc	counted For:			
a) Mine Employees:	50	b) Cor	tractor Employee	s:	a) Mine E	mployees	:	0	b) Contractor Er	nployees:	
19) Location of Accid	lent				Г				Jon ( 10)	20. Mining Height:	
X 01-Underground 03-Open Pit				07-Advance	Mining		lill/Prep		Other (specify) Feet Inches		
02-Surface at U	nderground	06-Dre	dge Mining	08-Retreat	Mining	99-O	ffice Fac	cility		5 5	
21. Nonfatal Injuries	:	22. Fatal Inj	uries: 1								
23. Victim Informati	on:	a) Nar			b) Age						
-		Peter D. S	prouse		53						
c) Regular Job Title: Section	: Foreman		d) Activity	at Time of Acci	lent: Belt Maint	enance	;		X	Mine Employee	
24. Experience :	Years Weeks Da	ıys	Years Wee	eks Days		Yea	rs Week	s Days		Years Weeks Days	
a) Total:	34 8	2 b) at the	mine: 4 22	0 c) at	activity (23d)		4 22	0 d	) with Contractor		
25. Autopsy Perform	ned: If Ye	es, Location						26. Mine To	elephone No.:		
YES Cha	rleston, WV M	ledical Exami	ners Office						(304) 583-574	8	
27. Description of A	ccident (include e	auipment involv	ed, the exact locati	ion in the mine, a	nd status of res	scue and	recover	y operations):			
On 01/04/2016 a	53 year old m	iner received	fatal injuries wh	nen he becament by the	e entangled i	in a mo	ving ur e accid	nderground l dent occurre	belt conveyor. ` ed underground	The victim was I at the company #1	
The information pro	ovided in this not	ice is based on p	reliminary data Ol	NLY and does no	t represent fina	al determ	inations	regarding the	e nature of the inc	ident or conclusions	
regarding the cause						29. M	I a d als				
28. Equipment Manufacturer: Continental Conveyor Products						29. 10	touer:		Dual 300		
30. District: C1200 Pineville			32. Field Offi	٧V				33. Event Number: 6306879			
34. Accident Investi		<del></del>		35, MSHA Per	son Notified:				Date	Time	
Rodney Lusk				i	Blackburn			C	1/04/2016	01:56 A	
36. Type of Report:		37. 1	Name of Preparer						Da		
	Initial			Philip Meade					01/04/2	2010	